certificate.

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CAUSE

17. INFORMANT ....

(Address)

OCCUPA

pluods

12. BIRTHPLACE (city or town) ... County (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER Unknown 15. MAIDEN NAME 16, BIRTHPLACE (city or town)..... (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

If so, specify

Where did injury occur?\_\_\_

Manner of injury

Name of operation.....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury\_\_\_\_

What test confirmed diagnosis?\_\_\_\_\_ Was there en autopsy?\_\_\_\_

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_

any way related to occupation of deceased?

(Specify city or town, county and State)

blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

Evample I

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Evample II

Example 1	le le	Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

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Example I		Example 11	
The principal cause of death and related causes-of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.			
· Land Management	-1]		
Other contributory causes of importance:		Other contributory causes of importance:	11125
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	CE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1

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ery	NS	ent	1
BY	CIA	tem	1
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ANI	CJ	sifie	
RM.	XA	clas	
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A	ated	ope	tific
SIS	st	pr	cer
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H	lly	plain	Ø2
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, ,	ca	TH	port
AIN	l be	EA	im
PL	onlo	FI	very
TE	n sh	EC	2
. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
1	m	C	T
B		1	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	LIMITE OF GED
County Samuset	Registration Dist. No. 2 65~
Village or City Crusfield	No. 3/7 Hair St. Ward
Length of residence in city or town where death occurred # 2 yrs, mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME ( 1rthur B. Cockrar	1f U. S. Veteran, specify WAR
(a) Residence: No. 3/7 Main	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR THOUGH OF THE WORLD OR THOUGHT OF THE WORLD	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	23 THE REBY CERTIFY, That I attended deceased from
while Comme	1936 June 2 6, 1936
6. DATE OF BIRTH (month, day, end year) HOY 27 1839	Nast saw harmalive on 25, 1936; death is said
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at _9.25%. A W
// J ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Muchault SAWYER, BOOKKEEPER, etc	arteria deleneria
A Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 11. Total time (years)	1 Gocardia
10. Date deceased last worked at this occupation (month and 1936) spent in this occupation (cocupation)	
1 Daniel & engl	Other Contributory Causes of Importance:
(State or country)	acule damas
13. NAME Flrus g. Wehrane	Gialotstion
13. NAME FUMS J. Lochrane 14. BIRTHELACE (city or town)	Name of operation Dete of
(State of County)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Mary n. Undrews	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Mary n. Undrews 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Unlayoury Korne	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CITTURE 3 Cochrane fr	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chind and Date June 27, 1936	Nature of injury
19. UNDERTAKER OM Albudstan (Address)	24. Was disease or injury in any way related to occupation of deceased?
9 27 36 0 6 6 000	(Signal)
20. FILED Registrar.	(Address) And And Address
	2411 N. Charles Street, Bousinore, Requesting (U.S. No. 1.

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9.—The industry or business in which the work was done.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1930	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

r te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6424
state UPA-	1. PLACE OF (DEATH	
7)	county Omerset	Registration Dist. No. 260
-	Village or City Dawsoma	No. St War
0	Langth of rasidence in city or town where death occurred 41 yrs 7 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
PHYSICIANS ict statement	Mrs. 200 - 11/1	20
ICI	2. FULL NAME THERE IS EVEN A CON	If U. S. Veteran, specify WAR
Sta	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Wedowe	21. DATE OF DEATH 28 (Month) (Dey) (Year)
X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of (or) Wife of Carthur, A. Dine	(Month) (Dey) (Year)  22. I HEREBY CERTIFY, That I attended decaasad fro
	6. DATE OF BIRTH (month, day, and year) NOV 9 1894	19 to 19
rly rate.	6. DATE OF BIRTH (month, day, and year) 100 4 18 9 4 7 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, about 1960. W
stated E properly certificate	41 7 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
	2 Trada profession or particular	Date of onse
be v	kind of work done, as SPINNER, House wife	Machined Spull
should it may n back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
sh it	U 10. Date dacasad last worked at that 11. Total time (years) this occupation (month and spent in this	Butter accessed
(r) +-	year)	Other Contributory Causes of importance:
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Lawsona	Other Contractory Causes of Importance.
ns, stru	(State or country)	
supplied n terms, ee instru	13. NAME alow Lunn Riggin	
-= 00	14. BIRTHPLACE (city or town) Town Town (Stale or country)	Neme of operation Data of
7 5		What tast confirmed diagnosis? Was there an aulopsy?
be carefully EATH in pla important.	T CONTRACTOR	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
TTH	16. BIRTHPLACE (city or town)   Jaw Jones   (State or country)	Where dld injury occur? We Mike Northof Wislo
hould be car OF DEATH very import	17. INFORMANT Chas, United Chas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ren	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
on s	Pleca awdoma Data June 30, 1936	Nature of injury
CAUSI TION	19. UNDERTAKER DAM Wy Big Astan	24. Was disaese or injury in any way related to occupation of deceased?
(1)	20. FILED 6/30 , 1936 9 Hinch Registrar.	(Signed) Mury M. Wubby M.  (Addrass) Muleus Oute W.d.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	-	Example II	
The principal cause of dof importance were as fo	eath and related causes		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

13. NAME

19. UNOFRTAKER (Address)

20. FILEO ...

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CAUSE

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Nature of injury

Manner of injury

Where did injury occur? \_\_\_.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Physician saus her; he mever examined her

23. If death was due to external causes (VIOL ENCE) fill in also tha following:

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 19\_\_\_\_

(Specify city or town, county and State)

Oate of onset

If more blanks fe needed, address State Registrar, 2411 N. Chartes Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	11-11
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every iten Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECO. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEA
--------------------------------------

1	. PLAC	CE OF	DEATH	1/17 (1)			
	Coun	ty Som	erset			Registration Dist. No. 262	
	Villag	ge or City_	Pacomalte (	lity		No. R. F. D. # 1. St., St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Ties and the	Lengt	h of rasidan	ca to city or town whare	death occurrad	74 yrs. ** mos	t death occurred in a hospital or institution, give its NAME instead of street and s	number) osds.
2	. FULL	LNAME	Hary Huge	enia Haj	nvard	If U. S. Veteran, specify WAR	
	(a) R	Residence:	No.			St.,Ward.	
em.	PER	RSONAL	AND STATIST	(Usualplace		If nonresident give city or town and	State
3. 3	SEX		COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	
F	emale	3	White	or Divorce	D (write the word)	Pocomoke City June 18th.	, 193 G
5a.	If marriad HUSBAN	d, widowad, YD of	or divorcad				
	(or) WII	FE of				22. I HEREBY CERTIFY, That t attended 6 11, 1936 to 6 - 18	dacaasad Irom
6. ]	DATE OF	BIRTH (mor	ith, day, and year)][0,	v 29th.	1862.	I last saw has alive on 6-17, 1936	,
7. /	AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, a. 30. Am.	
		74	**	20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
ON	8. Trade	e, profession	n, or particutar done, as SPINNER, OKKEEPER, etc	Housew	i fe		
OCCUPATION	. 9. tndus	stry or busi	nass in which		to Market	your age from	
COL			na, as SILK MILL, ANK, etc	1		not disaposed as taboreulosia.	
0	- 1	his occupation	est worked at Junion (month and	Spe	time (years) ent in this Jife upation Jife		
			town) Somers		1	Other Cantributary Causes of Importanca:	
12.		or country)		_		No fruitbea informations	
IER	13. NAMI	EJohn	E. Haywar	đ			
FATHER			y or town) NOICE		ınty	Name of operation Data ol	
		Stata or cou	2 (632)	Land.		What test confirmed diagnosis? Was there an a	nutopsy?
MOTHER			Sarah H.C	irtis	4	23. II death was dua to external causes (VIOLENCE) fill in also the following	
MO		HPLACE (cit State or cou	y or town) SQMOI	land.	ınty	Accident, suicide, or homicide? Date ol Injury Where did Injury occur?	, 19
.,	-		ank Hawyar			(Specify city or town, county and Stat Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e)
17.			moke City		nd.	open, mana njar oceane in mooth, in nome, of in robele re	NUE.
18.	BURIAL, C	REMATION	OR REMOVAL	Taren	9041- 70	Mannar of injury	
_	-Place.	1000	relie-City)	pota d Will C	20th1936	Natura of injury	
19.	UNDERTA	KER //	Mond Cit	V.Maryl	eusou	24. Was disease or injury to any way related to occupation of daceased?	Town.
1	0		700	200	a th	(Signad) Gallariler	M h
20.	FILED_	norte.]	, 19.2 b V.LVA	. Same D	Registrar.	(Addrass) Porpuste City	Tuel

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and relate of importance were as follows:  Arteriosclerosis	d causes Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 8	1936 July 5,1927	Peritonitis	3 days ago
BUREAU	V. S.		
Other contributory causes of important	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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f infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	427
1. PLACE OF DEATH  County Somersot	(23)	6.
	Registration Dist. No.	.00
	No. St., death occurred in a horpital or institution, give its NAME instead of street and	
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?n	nosas
2. FULL NAME Jra U. Tho/brook	×	
(a) Residence: No.	St., Ward.	16.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
or Divorced (write the word)	(Month) (Day)	, 193 <u>6</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Thereby CERTIFY, That I attended	deceased from
DATE OF BIRTH (month, day and year) 71/04 26 1916	Hast/saw h alive on Tuna / 19 80	S . dooth to only
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 30 ftm.	ec; death is said
20hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
Ormin.	were as follows:	Date of onset
Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation month and this occupation month and this occupation month and the second in this content in this content.		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	I ulmonary luberculocis	Lace
SAW MILL, BANK, etc.		1936
	9	
year) (9d 1930   occupetion 1764	Other Contributory Causes of importance:	
(State or country) — (State or country)		
13. NAME Or west Hobbles brooks		
14. BIRTHPLACE (city or town)	Name of operation Dete of	
(State or country)	What test confirmed diegnosis? Was there en	autopsy?
15. MAIDEN NAME ( Liberty Nos Clay	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME WELL WAS LEY  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
State or country	Where did injury occur?	
THE OWNER THE PARTY OF THE PART	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
17. INFORMANT (Address)		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Conton Md Date June 5-, 19 56	Nature of injury	
19, UNDERTAKER Chas H Wasd	24. Was disease or Injury In eny wey related to occupation of deceesed?	
(Address) Magainst 1000	If so, specify Q M	
10 5 150 6/2- 12 6 9 Kleeney	(Signed) Gladore of Jacksonna	el M.
20. FILED 9 Registrar.	(Address) Preserved Que	- rid
		1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - C.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 8. V. S.	1/1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

VT RECORD. Every item of infor-	LY. PHYSICIANS should state	. Exact statement of OCCUPA-	
IS A PERMANEN	stated EXACTI	properly classified.	ertificate.
WRITE PLAIN IN WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	130
County Somerse T	Registration Dist. No. 741
Village or City Marion	NoSt.,Ward
Length of residence in city or town where death occurred 60 yrs. 3 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Thomas Defferion to	10 1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Halland	22. I HEREBY CERTIFY. That I ettended deceased from  19.36, to fix 24, 19.36
6. DATE OF BIRTH (month, dey, end year) May 20 - 1876	I last saw halive on
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, et / O A m.
60 3 4 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Z Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	acuto Die 2 18 4 8.
9. Industry or business in which work was done, as SILK MILL,	Clubal Hornistage, Ja 19.36
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (menth and	
this occupation (month and spent in this year)	
	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Marion (State or country)	alexand the highest
13. NAME Samuel Hallond	general color delens to
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) Somerse	What test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME Mellie miles  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Sampho T Co	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Saach Hall (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDYAL	Manner of injury
Place Branch unter Date Huna 28, 1976	Nature of injury
19. UNDERTAKER Chas It Word	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 6/27, 136 Gerelia 12. Tausou Registrar.	(Signed) Surge Culling M. D.  (Address) Marian M.D.
The many blanks are model address Sign P. in	AT Chalacter Pair B and C M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	and a standard control of	92	Example II	
The principal cause of of importance were as f	leath and related	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	101 3	1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrat	8		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S.	July 5,1927	Peritonitis	3 days ago
			agreement and a second and a se		
Other contributory caus	es of importance	:		Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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N. B.

of OCCUPA-

of infor-

1. PLACE OF DEATH		<u></u>	11 1
County Somewest		Registration Dist. No.	0/
Village or City	72	No. St.,  death occurred in a hospital or institution, give its NAME instead of street a  Action of the street of	and number)
2. FULL NAME HEORY	a Horsey.	If U. S. Veteran, specify WAR	
(a) Residence: No. — DALU	(Usual place of abode)	St., Ward.  If nonresident give city or town	<u> </u>
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	d
3. SEX 4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harvill R	throng	22. A HEREBY CERTIFY, That I atten	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  3  8. Trade, profession, or particular	8 62 Oct 28  Days If LESS than 1 day,		35; death is seid
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BHRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation  Losey  Lo	Other Centributory Causes of importance:  Classe Out Implies  Classe Out Implies  Name of operation Oate What test confirmed diegnosis? Was there  23. If death wes due to external causes (VIOL ENCE) fill in also the folic Accident, sulcide, or homicide? Oate of injury	an autopsy? owing:
17, INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL) Place  19. UNDERTAKER	Horsey left 0 1936 ughinary erfory 1948	24. Was disease or injury in any way related to occupation of deceased	17
7 30. FILED 4/9 , 1936 Jun	relia 1%, full sor Registrar.	(Signed) Lorge C. Collemn (Address) munion mad	

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Example I		Example II	Title of the
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<del></del>

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

of OCCUPA.

Exact statement

20. FILEO ...

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6430
1. PLACE OF DEATH	(131)
County Somerset	Registration Dist. No. 76
Village or City masion	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
10 h 11	y. as. now long in 0.5. If of foreign pirth?yrsmosos.
2. FULL NAME Joseph B Horsey	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Since 27, 193 (gran)  (Month) (Oay)  (Year)
5a. II married, widowed, or divorce of HUSBAND of (or) WIFE of Horsey	22. I HEREBY CERTIFY. That I attended deceased from  1934, to June 27, 1932
6. DATE OF BIRTH (month, day, and yeer) fully 15 day 1976  7. AGE Years Months Days If LESS than	I last saw h alive on
5-9 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acut Die of Went \$ 2506
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	muus.
this occupation (month end 74 1936 spant in this year)	
12. BIRTHPLACE (city or town) Marior	Other Contributory Causes of Importance:
(State or country) somewat ind	Clinic myrendet "
I 13. NAME Sylvia Housey	
13. NAME Sylvia Housey  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the Tollowing:  Accident, sulcida, or homicide?
E (State or country) American ma	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND AND MALION OF MA	Specify whethar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Branch Cembry Date June 90, 1936	Nature of injury
19. UNOERTAKER Chas H word	24. Was disease or Injury in any wey related to occupation of deceased?

Registrar.

(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i i	Example II	
The principal cause of death and related chuses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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Every

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 N. B.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Somersel	Registration Dist. No. 270
Village or City Hoperell	NoSt., Wai
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara daath occurred	osds. How long in U.S. if of foralgn birth?yrsmos
2. FULL NAME William T. Morsey	If U. S. Veteran, specify WAR
(a) Residence: No. Hopewell, mal	St., Ward.
(Usual place of abode)	. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Widowed	(Month) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of	22. JHEREBY CERTIFY, Thet I attended deceesed fr
(or) WIFE of Calline Horsey	CADA 12 102 Cara Cultura A 102
DATE OF BIRTH (month, dev. end vaar) Mov 10, 1868	Hast saw hArm elive on Say of 5 1984 dath is s
DATE OF BIRTH (month, dey, end yaar)	to heve occurred on the dete stated above, et 2: 55 h.
1 2, 4 1 day, hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importence
Trade profession or particular	wara as follows:
kind of work done, as SPINNER, Faterner SAWYER, BOOKKEEPER, etc.	Ocales of heart of
9. Industry or business in which	Jones de la control de la cont
work was done, es SILK MILL, Farming SAW MILL, BANK, etc.	1.7.0 \
skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
yeer) occupetion occupetion	Other Contribute Course of Importance
12. BIRTHPLACE (city or town) Hopevell, md.	Other Coutributory Causes of Importance:
(Stata or country)	Metral Survey Char
13. NAME Curbers Horse	1030
14. BIRTHPLACE (city or town) Hopenel	Name of operation Dete of
(Stete or country) , md	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Millie,	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) LUKuown  (State or country)	Accident, suicide, or homicide?
(State or country)	Whera did Injury occur?
mra miles	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass)	Opening whether mighty occurred in industri, in nome, or impossing PLAGE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Hopewell Date June 7, 195	Nature of injury
Ala # 1400	1000001111007
19. UNDERTAKER ( ) Marion me	24. Wes diseesa or injury in eny way related to occupetion of deceased?
hene 7.36 & Elalins	(Signad) All Halaley

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis [	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
23/10/10/10/10/10/10/10/10/10/10/10/10/10/			

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIA	AN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

STATE	OF	MARYI	AND-	CERTIE	ICATE	OF	DEATH
		1411 41 4 1 1	MIND	CLIVIII	IOITE		DEATH

1	11	1)	()	
U	7	0	2	

1. PLACE OF DEATH	820
County Ommersel	PORATE LIMITS OF Registration Dist. No. 2 65
Village or City Trafield	No. J. Har Smil St. 1
1 and 6 and	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 7 0 11	mos,ds. How long In U. S. if of foreign birth?yrsmos
2. FULL NAME Marlollat. Hu	aguns If U. S. Veteran, specify WAR
(a) Residence: No. J. HAS Stud	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX // 4. COLOR OR BACE   5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  ON OTHER	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. Thet   attended daceasad
Exat day + month undown 104	19. 76., to 19.
6. DATE OF BIRTH (month, day, and year)	I last saw h. St. alive on
7. AGE Years Months Days If LESS that 1 dey,	to mark occurred on the date stated above, attached a person,
ormin.	were as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, Alexandre	
SAWYER, BOOKKEEPER, etc.	Cerberal heresistage from
work wes done, es SILK MILL, SAW MILL, BANK, etc	usterios cleiosio hiphteroin 19
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Data decaesad last worked et this occupetion (month end yeer)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Melborne (State or country)	Other Contributory Causes of importence:
Ξ ''	
4. BIRTHPLACE (city or town) (Stata or country)	Neme of operation
15. MAIDEN NAME Matilda Ballard	What test confirmed diagnosis? Luce Was there an eutopsy?
Mall of the state	23. If deeth wes dua to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town). Melborne (Stata or country)	Accident, suicide, or homicida?
Command ble dai	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jonniel Hudgins (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (2)	Manner of Injury
Place foll 20 malin Dete June 9, 193	
John a Bredale	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way releted to occupetion of daceased?
0 8 310 1 6 1 - 20	(Signed) S. M. Pay In
20. FILED 8., 195 6 0 6 Registrar.	(Address) Caro Feld, my
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis a 1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
BURG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		93-20
County Domeset		Registration Dist. No. 26
Village or City Omole		No. St., Ward
Langth of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
80 A	Peth	
2. FULL NAME Sural	Vand Various	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
no O	R DIVORCED (write tha word)	6 6 , 193 6
5a. If marriad, widowad, or divorcad	WINDER .	(Month) (Day) (Yasr)
HUSBANO OF PO DA	0	22. I HEREBY CERTIFY, That I attanded deceased from
Section 10.	1 1001	7elt ,19 36, to 6:6 ,19 36
6. DATE OF BIRTH (month, day, and year) Merc	L22, 18/1	I last saw hara alive on 6 5 5 1936; death is seid
7. AGE Yeers Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
66 2 -	14 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
STrade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	0	
SAWYER, BOOKKEEPER, etc.	^	Chronical ( your dus Duration , por-
9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, atc.	40 Boat	oly second months com
0 10. Oate dacaased last worked at	11. Total time (yaars)	1
this occupation (month end year)	spent in this 30	
12. BIRTHPLACE (city or town)	ma	Other Contributory Causes of importance:
(Stata or country)	1	
# 13. NAME Joshiah Jon	20	
14. BIRTHPLACE (city or town) Devil	mo	Name of operation Oete of Oete of
(Stata or country)	1	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Malla.  16. BIRTHPLACE (city or town)	nling	23. If daath was dua to external causas (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	e ms.	Accident, suicide, or homicide?
∑ (State or country)	A .	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tebu Mat	fox.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Mannar of injury
Place Oriole 0a	ite June 9 , 1936	Nature of injury
19. UNDERTAKER Charles &	t word	24. Was disease or injury in any way ralated to occupation of decaased?
(Addrass) Making	agnan	If so, spacify
20. FILEO 6/9/36 19 (M22 A	1 small	(Signed) M, O,
	Registrar.	(Address) Daws John W

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepkritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIA:	N
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V. S. No. 1

Δi,

18. BURIAL, CREMATION, OR REMQVAL

19. UNDERTAKER

(Address)

should state infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6434
Village or City Princes Cinne, MA	Registration Dist. No. 260  No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs. mos.  2. FULL NAME Virginia Ulmimiral X  (a) Residence: No. (Usual place of abode)	ds. How long in U.S. If of foreign birth?yrsmosds.  LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) A Pri 846  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spont in this	22. I AEREBY CERTIFY, Thet I ettended decessed from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
12. BIRTHPLACE (city or town) (State or country)  21. 13. NAME 2 / Jacobineton W. Kelland	Dither Contributory Causes of Importance;  ACUTE TO TURNES S/15/5/
14. BIRTHPLACE (city or town) Thomas (Stele or country) Lombre to Co.	Neme of operation Dete of What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Data of injury  , 19  (Specify city of town, county and State)
17. INFORMANT LINGUI SEASOWOYLL	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

Manner of Injur Nature of Injury

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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# MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every itent of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH	. /	23		

1. PLACE OF DEATH	,		2.3	
County Sommer			Registration Dist. No. 2/6	/
Village or City Muno	7 000	<i>d</i> .	NoSt.,	Ward
Length of residence In city on town where o	death occurred 7		f death occurred in a hospital or institution, give its NAME instead of street and number 200 ds. How long In U.S. if of foreign birth?	
2. FULL NAME Laura	X ono	dans	If U. S. Veteran, specify WAR	
(a) Residence: No. > M	(Usual place of	abode)	St., Ward.  If nonresident give city or town and State	je
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Well	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of accused	mode	no	22. I HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year)	10 1	864	Plast saw here alive on from 15 1936 de	eeth is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	
72. 2	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL.	<i></i>		and Del 7 work	28.
work wes done, es SILK MILL, SAW MILL, BANK, etc.	France	do		
SAW MILL, BANK, etc	11. Totel tim	ne (years) i in this petion		
12. BIRTHPLACE (city or town) On & (State or country)	)		Other Contributory Causes of Importence:	20
E 13. NAME Seems CC	mues			
13. NAME HELLY 14. BIRTHPLACE (city or town)	0.		Name of operation Date of	
(State or country)			What test confirmed diagnosis? Was there an autop	psy?
15. MAIDEN NAME mory a	Corned	1 .	23. If death was due to external causes (VIOLENCE) fill in also the following:	71110
15. MAIDEN NAME Though a 16. BIRTHPLACE (city or town)	D		Accident, suicide, or homicide? Date of injury	., 19
(State or country)			Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mr. Hawle (Address) man	m mis	up	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMANYON, OR REMOVAL	topoate Luly	2, 1936	Manner of Injury	
19. UNDERTAKER J. J. Zau (Address) 605 Main	Start x	la jud	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 7/1 , 1936 Gen	relia !	Registrar.	(Signed) Mayor & Coulling.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example L	-3	Example II	F 5 11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

infor-

STA	TE OF	MAR	YLAND-	CERTIFICATE OF DEATH	6435
1. PLACE OF DEATH				3	
County Same	w/			Registration Dist. No. 2	70
Village or City Rule	whet!	_	6	morced Hot new Curpell	2c Quard
				death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or	town whera dee	th occurrad	yrs.'mos.	ds. How long in U.S. if of foralgn birth?yrsm	isds.
2. FULL NAME	Tulll-	man ON	share-	If U. S. Veteran, specify WAR	
(a) Residence: No.		(Usual place	of shode)	St., Ward.	State
PERSONAL AND S	TATISTIC			MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR		. SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193 (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attanded	dacaasad from
decoye	Ober	te rem	l Ju 5 1936	, I9, to	
6. DATE OF BIRTH (month, day, and 7. AGE Yaars	Months	Davs	If LESS than	to heve occurred on the date stated above, at	.; death is said
		/-	dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trede, profession, or particul	lar		1 01	wara as follows:	Date of onset
kind of work done, es SF SAWYER, BOOKKEPER, 9. Industry or business In whic work was dona, as SILK SAW MILL, BANK, etc 10. Data dacaasad last workad a	etc	z	•••••	account Placeta	
9. Industry or business in which work was dona, as SILK	E Yaars Months Days If LES		1		
SAW MILL, BANK, etc		II Total i	ima (vaars)	Jummed June 5 1936	
- I mo ocoa patron (month an	id	spe occ	ntin this	at mounding Hosp lunger	0-3-1
an Dintiful ACE (-it	no A			Other Coutributory Causes of importance:	9
12. BIRTHPLACE (city or town) (State or country)	- A-la-Ala				
I 13. NAME Walter	ma	han			
13. NAME Palto  14. BIRTHPLACE (city or town)  (State or country)	ele			Neme of operation Date of	1
(State of Country)	,,,			What tast confirmad diagnosis? Was there en a	utopsy?
15. MAIDEN NAME CL.  16. BIRTHPLACE (city or town)	lua 1	dresd	leo	23. If death was due to external ceusas (VIOL ENCE) fill in also the following	
[ 16. BIRTHPLACE (city or town)	In	d		Accidant, suicide, or homicida? Date of injury	, 19
(State or country)		,		Whare did injury occur?	
17. INFORMANT Nullin (Addrass)	mol		••••••	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL			1	Menner of injury	Dist. No
Opposente Cu	melt of	bate	, 19	Nature of injury	
19. UNDERTAKER Addrass)	E			24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 65, 1934	le El		Registrar.	(Address) Marson Inf	M. D.
	If more bla	nks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

(Addrass)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6436
1. PLACE OF DEATH	108
County Someret	Registration Dist. No. 268
	NoSt.,Ward death occurred in a hospital or institution, give its NAME-instead of street and number)
2. FULL NAME  (a) Residence: No.  Length of residence in city or town where daath occurredyrsmos.  (Usual place of (abode)	ds. How long in U.S. if of foralgn birth?mosdsSt.,WardIf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month) (Oa) , 193  (Year)
5a. It marriad, widowad, or divorced HUSBANO of Oor Wife of Wagenia Phonos Mason	22. I HEREBY CERTIFY, That I attanded decassed from
6. DATE OF BIRTH (month, dey, and yaer) 1857	I last saw ! aliva on the, 19; daeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 5.5m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date daceasad last workad at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)	were es follows:  Died, June 9th. Culff.  Date of one of o
12. BIRTHPLACE (city or town) Someret County, My, (Stata or country)	(Lobar) termenal Presumona June 5,
13. NAME Charles Mason	1937
13. NAME Charles Massel County Ma	Name of operation Dete of Wes there an autopsy?
15. MAIDEN NAME Rebersa Mason	23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BIRTHPLACE (city or town)  (State or country)  (Address)	Accidant, suicide, or homicide?
(Address) Dass Salumb My  18, BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Reals Island My Data June 09 1931	Neture of injury
19. UNDERTAKER FT Webster	24. Was disaese or Injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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I I	Example I	- 1	Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- VE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	6 1920	July 5,1927	Peritonitis	3 days ago
	JO SAU V.	S. II		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIF	ICATE OF	DEATH	643
SIAIL OI	MINITENIED CENTIL	ICAIL OI	DLAIII	UTU

1	. PLACE OF	7101			9370
	" County	Somerset			Registration Dist. No. 270
	Village or City	y Lawson	nia		No. St Ward
	Length of reside	ence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
2	. FULL NAM	A == = = = = = =	a Miles		If U. S. Veteran, specify WAR
-	(a) Residence	Laws	onia		St., Ward.
	(a) Residence	. 110.	(Usual place	of abode)	. If nonresident give city or town and State
		L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	F	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED,	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a.	If married, widowed HUSBAND of (or) WIFE of		W Miles		22. I HEREBY CERTIFY. That I ettended deceased from
-			Unknown	331876	I lest saw h _ alive on _ april &, 19 3 6; death is said
7. 1	About 6	months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
NOI	8. Trede, professi kind of wo SAWYER, B	ion, or perticular rk done, es SPINNER, BOOKKEEPER, etc	House wo	rk	Charie my reaction 1936
PA	9. Industry or bu	isiness in which			
OCCUPATION	10. Date deceesed this occupa	BANK, etc	6 · 11. Total ti	me (years) It in this	
12.		or town) Somer			Other Contributory Causes of Importence:
ER.	13. NAME	Willia	m Blades		
FATHER	14. BIRTHPLACE (	city or town)	Unknown		Neme of operation
ER	15. MAIDEN NAM	t Unk	nown		23. If death wes due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (	city or town)ountry)	T #		Accident, suicide, or homicide? Date of injury
17.	INFORMANT (Address)	Cert Cri		Mg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATIC	on, or removal	oate June	1719.36	Manner of injury
19.	UNDERTAKER (Address)	ofma a	undel	am	24. Was disease or injury in any way related to occupetion of deceased?
20.	FILEO Ju-	171936 D	lo & loo	Clinz.	(Signed) S. In Payton M. O (Address) Cris Field, 2nd
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requiring U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
William Co.	1100		
Other contributory causes of importance:	- براد	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state f infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6438

County Somersel	12.0
12	Registration Dist. No. 260
Village or City Princess anne	ND. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	_yrsds. How long in U.S. If of foreign birth?yrsd
2. FULL NAME George P M	iller
(a) Residence: Np.	St., Ward.
(Usual place of a	
PERSONAL AND STATISTICAL PARTICL	
Male 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (1)	
a. Is married, widowed, or divorced HUSBAND of (or) WIFE of Olmina, Mile	22. I HEREBY CERTIFY, That I attended daceasad fro
B. DATE OF BIRTH (month, day, and year)	/ 8 7 7   I last saw h   aliva on   ,19   ; death is sa
AGE Years Months Days	If LESS than to have occurred on the data stated above, atm.
	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	2 1 D
Industry or businass in which work was done, as SILK MILL,	kerbral / Verumkone
Industry or business in which work was done, as SPINNER, SAWYER, BDOKKEPER, etc	(vaare)
this occupation (month and 2 wks. spent in occupation)	n this 110
2. BIRTHPLACE (city or town) Princess (em (State or country)	Other Cantributory Causes of importance:
13. NAME Miller  14. BIRTHPLACE (city or town) Princess (	Name of operation Date of Date of
(State of country)	. What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Silver 16. BIRTHPLACE (city or town) Pargess	bons 23. If daath was dua to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Pangess	Accident, suicida, or homicida?Date of injury
(Stata or country) md.	Where did injury occur?
7. INFORMANT Mand Ilsterm (Addrass) Princesa ame	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL . Community	church Manner of injury
Place flykawkin - Data June 2	
9. UNDERTAKER Sale Sashill	24. Was disaase or injury in any way ralated to occupation of deceased?
0. FILED 6/27 , 1936 9 June	(Signad) L. Signad) M.
1	ress State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance:	
	Mug1,1020	Tuoi venieriuo	1 year

1 44	PLACE OF DEATH		CTATE OF MADY AND
HYSI Exac	County Somesel	<b>3</b>	STATE OF MARYLAND CERTIFICATE OF DEATH
ed.			Registration Dist. No.26
EXACTLY is classificate.	Village or City (No	الذي	St.: Ward) (If death occurred In a hospital or institution, give its NAME in stead of street and number.)
opper Derti	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
d to stary be proper	3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	K Stell L. 1931. (Mouth) (Day) (Year)
ACE choul that it ma tions on b	6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h	CERTIFY, That Cattended the deceased from 193 ( to 195)
plied. A ms so t nstruct	Stell from .   If LESS than I day hrs. or min.?		red on the date stated above, at
y supp	(a) Trade, profession or particular kind of work	Burn	letum
refully in pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)		(Duration) yts. mos da
EATH impo	9 BIRTHPLACE (State or country)	Contributory Secondary	(Durakion) yrs. mos. ds
CF DIS	10 NAME OF FATHER Claume Muller 11 BIRTHPLACE	(Simed)/ / 193	6(Address) Precincial St
AUSE ION	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME		isease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal.
forma	of MOTHER May Clase I Seach	18 LENGTH OF RE ients or Recent Re At place	SIDENCE (For Hospitals, Institutions, Transsidents) In the
d sind	(State or country) Typy Creek his	of deathyrs	racted.
shour sent of	(Informant) My . Clarence My KNOWLEDGE	if not at place of dea Former or usual residence	<u> </u>
Every CIANS staten	(Address) Williams My R	e and at	Home June 16. 1036
.BE.	Filed June 15- 19 Mrs Saml Scott	Clarinee Mu	ler Hestover
2	If more branks are needed, address State Registrar	r, 16 W. Saratoga St.,	Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. V should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, or given up on account of the DISEASE CAUSING DEATH, gaged in dome-tic service for wages, as Servant, Cook, Housemoid, et.. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, to report specifically the occupations of persons en-Foreman. For many occupations a single word or term on or At Home, yrs). , that fact may be indicated thus; Farnier (see (b) Cotton mill; (a) Salesmon. For persons (b) Automobile factory. The material Stationory fireman, etc. But in many and children, Laborer-Coal mine, etc. Womwho have no occupation Locomoline ongineer, not gainfully em-(b) also (b) the Grocery; Day

EASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same accepts, a
ed term for the same disease. Examples: Corchrospind,
fewer (the only definite synonym is "Epideraic cerebrospinal meningitis"); Diphtheria avoid use of "Croup");
Typhoid fever never report "Typhoid Pneumonia";
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age, "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Mcasles (disease American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, curbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," ctc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of clanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstilial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by cough; " "Marasmus," "Old Age," "Shock," Committee on Chronic Coreinoma, Sareoma, etc., of etc. The contributory valvular heart disease; Nomenclature Measles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.—WRITE PLAI

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	93-0
County Nomersel	CORPORATE LIMITE Registration Dist. No. 265
Village or City (six leield	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Famuel D. Herlin	If U. S. Veteran, specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX/1 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DAYORCED (write the word)	21. DATE OF DEATH
maried married	(Month) (Dey) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTAFY. That i ettended deceased from
(or) WIFE of Olmera Helling	22. I HEREBY CERTIFY, Thet i ettended decessed from
6. DATE OF BIRTH (month, day, and yaer) Theb. 22 Mg (1862	i lest saw ham alive on lune 23 1936 death is earth
7. AGE Yaars Months Days If LESS than	to heve occurred on the data stated above, at 730 pm.
74 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
Trade, profession, or perticutar	ware as follows:
Trade, profession, or perticutar kind of work done, es SPINNER, Carlewer SAWYER, BOOKKEEPER, etc.	Leneral artaria L. 100 mis
Andustry or business in which	
SAW MILL, BANK, etc	Mycarlitis
Spellt III this	
year) occupation	Other Contributery Caused Importance:
12. BIRTHPLACE (city or town)	andrae
(State or country)	19 ' 0 ' 1
13. NAME Josiah Hesting	Pralatation
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Yather Denight	23. If daeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME / Wither Denight  16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT Mrs. Gilbert Jown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Creumpton, May	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place refice of University Date - filled 15, 1936	Nature of injury
19. UNDERTAKER J. S. Sauchon	24. Was disease or injury In any way releted to occupation of decaased?
(Addrass) Cristiced, Mol	If so, spacify
20 FILED Im 24136 PElacein	(Signal) T T Motulours M.D.
Registrar.	(Address)) Listing of de Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regiering V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS Every

> stated EXACTLY. classified.

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAI

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V. S. No. 1

certificate. properly

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back

See instructions on

TION is very important.

Exact statement

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH	644!
1. PLACE OF DEATH			
Village or City more d		Registration Dist. No. 2007 No. 100 No	
Length of residence In city or town where death occu	rredyrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Stillom 7	oylor	If U. S. Veteran, specify WAR	
(a) Residence: No.	/	St., Ward.  If nonresident give city for fown a	nd State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and year)	~51936	I last saw h elive on, 19	
7. AGE Yeers Months E	lf LESS than 1 dey,hrs.	to have occurred on the date stated ebove, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		der Bon Terul long	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	3,		
10. Date deceased last worked at this occupetion (month end year)	1. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Meandy (State or country) near Carmel	Hot	Other Contributory Causes of importance:	
W 13. NAME Loss Tayle	J.	Grand end H blank may bey som	e man

FATH 14. BIRTHPLACE (city or town)

(State or country) MOTHER

(State or country) 17. INFORMAN

16. BIRTHPLACE (city or town)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

(Address) 20. FILED ... Registrar.

Where did injury occur?\_\_\_ (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

23. If death was due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?

Menner of injury Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?. If so, specify (Address) ... Transaction

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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1. PLACE OF DEATH

Length of residence in cityour town where death occurred

Village or City

2. FULL NAME

ITHIN CORP

STATE OF MARYLAND—CERTIFICATE OF DEATH 6442

0	RATE LIMITS OF Registration Dist. No. 26	5-
	No. Collins Must St., death occurred in a hospital or institution, give its NAME instead of street and i	
DS.	ds. How long in U.S. if of foreign birth?yrsme	osds.
	If U. S. Veteran, specify WAR	•
	St., Ward.  If nonresident give city or town and	C
	MEDICAL CERTIFICATE OF DEATH	State
	21. DATE OF DEATH	
	(Month) (Day)	, 193 (A
	22. A HEREBY CERTIFY, That I attended	
	CRAH 2-2 , 1936, 10 June 3	
	I last sale had alive on grane 3 (1.20)	; daath is said
	to have occurred on the date stated above, at 4.301 m.  The PRINCIPAL CAUSE OF DEATH and related causas of importance	
_	ware as follows:	Date of onset
	mitril insufficiency	4/12/16
	J	
	· · · · · · · · · · · · · · · · · · ·	
	Dther Contributory Canses of importence;	
	Other Continues of Importance.	
_	4 deman	much.
_		1956
	Name of operation Date of	
_	What tast confirmed diagnosis? Was there en a	utopsy?_Zee
	23. If death wes due to external causes (VIOL ENCE) fill In also the following	
	Accidant, sulcide, or homicide? Date of injury	, 19
	Where did injury occur? (Specify city or town, county and Stat	e)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
-	Manner of injury	
5	Nature of injury	
	24. Was disaasa or injury in any way related to occupation of decaased?	A 45
	If so, spacify	
	(Signed) 1/2 Dulles	M. D.
-	(Address) 30 9 1) Turk Tave	
7,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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JUL 6 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gaustones	May 1,1923	Gastroenteritis	1 yea
		because the paper as the state of the state	

19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH How long in U.S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. If nonresident give city or town and State (Day) (Yaar) CERTIFY That I attended deceased from (Specify city or town, county and State) 24. Was disease or injury in any way related to occupation of deceased?

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

If so, specify

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